Stakeholder Meeting on PDUFA V Reauthorization
October 22, 2010, 2:00 – 5:00 PM
Hubert H. Humphrey Building, Washington, D.C.
Room 800

Purpose

To discuss FDA's continued Sentinel activities, the generic drug user fee program, stakeholder proposals for PDUFA enhancement, and stakeholder comments on FDA's proposals.

Participants

FDA

Wade Ackerman	OCC	Brian Kehoe	OL
Jane Axelrad	CDER	Donal Parks	CDER
Peter Beckerman	OPPB	Judy Racoosin	CDER
Daniel Brounstein	CDER	Matt Sullivan	CDER
Patrick Frey	CDER	Andrea Tan	CDER
Debbie Henderson	CDER	Terry Toigo	CDER
Jeanne Ireland	OL	James Valentine	OSHI
John Jenkins	CDER	Bob Yetter	CBER
Chris Joneckis	CBER		

Stakeholders

Julio Abreu	Mental Health America
Jeff Allen	Friends of Cancer Research
Jessica Baugh	National Alliance of State Pharmacy Associations
Cynthia Bens	Alliance for Aging Research
Marcie Bough	American Pharmacists Association
Marc Boutin	National Health Council
Paul Brown	National Research Center for Women & Families
Kevin Cain	National Health Council
Jeffrey Callis	HCM Strategists, LLC
Kisa Carter	Hemophilia Federation of America
Lauren Chiarello	National Multiple Sclerosis Society
Adam Clark	FasterCures/The Center for Accelerating Medical Solutions
Justine Coffey	American Society of Health-System Pharmacists
John Ditton	Kakkis EveryLife Foundation
Diane Dorman	National Organization for Rare Disorders
Christin Engelhardt	Pancreatic Cancer Action Network
Amanda Grimm	American Academy of Dermatology Association
Darby Hull	Consumer Federation of America
Julia Jenkins	Kakkis EveryLife Foundation
Lisa Joldersma	BlueCross BlueShield Association
Brian Meyer	American Society of Health-System Pharmacists
Kevin Nicholson	National Association of Chain Drug Stores
Martha Nolan	Society for Women's Health Research
Mark Pascu	Leukemia and Lymphoma Society
Inger Saphire-Bernstein	American Urological Association

Marissa Schlaifer	Academy of Managed Care Pharmacy
Andrew Sperling	National Alliance on Mental Illness
Lisa Swirsky	Consumers Union
Mary Lee Watts	American Association for Cancer Research
Michael Werner	Alliance for Regenerative Medicine
Celia Wexler	Union of Concerned Scientists
Patrick Wildman	The ALS Association

In response to stakeholder interest in hearing more about the Sentinel Initiative and FDA's efforts to establish a user fee program for generic drugs, FDA discussed the following topics at the October 22 stakeholder meeting:

Sentinel

As a follow-up to the Sentinel presentation at the August 5 stakeholder meeting, FDA discussed in greater detail the current successes and challenges of implementing the Sentinel Initiative. Sentinel is an active surveillance system that allows FDA to conduct near real-time identification and evaluation of safety issues by accessing existing healthcare information through partnerships with entities that have large patient databases. FDA highlighted several current active surveillance projects, including SafeRx, which covers active surveillance and pharmacoepidemiology studies, and Mini-Sentinel, which involves developing a coordinating center to identify appropriate databases and developing a scientific framework for obtaining real-time data. FDA noted several challenges in implementing the Sentinel Initiative: adapting methods of active surveillance that are typically used for safety issues for vaccines, using claims data that are not designed for surveillance purposes, the resource-intensive nature of active surveillance, the need for systematization of surveillance evaluations, and the limited availability of pharmacoepidemiological expertise.

Generic Drug User Fees

FDA also discussed its efforts to stand up a generic drug user fee program in response to stakeholders' previously expressed interest in the topic. The agency clarified that FDA does not currently have the authority to collect user fees for the review of generic drug applications; however, a generic drug user fee program is included in the FY2011 President's budget. This program would ensure that FDA has the resources for a timely review of generic drug applications. FDA noted that all reviews of medical products at the agency are partially funded by user fees except for generic drugs, and generic drug user fees would represent resources that would be additive to congressional appropriations. FDA held a public meeting on generic drug user fees on September 17, and a docket was opened for public comment in advance of beginning discussions with the regulated industry. FDA continues to welcome feedback from stakeholders through the public docket regarding a generic drug user fee program.

Discussion of Stakeholder and FDA Proposals

Several stakeholder groups discussed their concerns and priorities for consideration in PDUFA V:

Union of Concerned Scientists

The Union of Concerned Scientists (UCS) discussed several suggestions for consideration:

1. Post a transcript or audio/video recording of FDA's discussions with industry in addition to the meeting minutes already posted on FDA's website.

2. Consider requiring that each drug approval include a one-sheet summary of the drug's benefits and risks to help educate the public.
3. Sponsors and competitors of a drug under review by an Advisory Committee (AC) should disclose any transfers of value to potential AC members totaling $100 or more.
4. Reconsider FDA's proposal for additional resources to evaluate and, when necessary, conduct meta-analyses and develop a guidance on methodological standards and best practices in conducting a meta-analysis.
5. The Industry proposal to have a pre-meeting with Advisory Committee members should be discouraged.

FDA stated that when a meta-analysis yields a concerning safety signal about a particular drug, the public looks to the agency for its assessment of the matter. FDA must then devote resources to understanding the issue that may consist of FDA conducting its own meta-analysis. FDA clarified that its meta-analysis proposal is intended to provide the necessary resources to respond quickly to questions from the public on a published meta-analysis. This includes conducting meta-analyses when necessary and developing best practices for conducting meta-analyses through FDA guidance. FDA noted that development of such a guidance would include ample opportunity for public input into the content of the guidance. A final guidance on meta-analyses would not be binding, but it would establish certain scientific standards for a meta-analysis. Several stakeholder groups expressed support for FDA's proposal, noting that FDA is the most appropriate organization with the best resources for developing methodological standards and best practices in conducting meta-analyses.

FDA also clarified that the Industry proposal regarding pre-AC meetings pertains to meetings between FDA and a sponsor to discuss meeting planning and logistics. Advisory Committee members would not be included in these meetings.

National Health Council

The National Health Council (NHC) discussed its support for the following proposals and provided several suggestions:

1. Patient-focused drug development – NHC indicated its support for this proposal and suggested that patient-focused drug development include input from patients and consumers in order to take different levels of risk tolerance into account.
2. Advancing biomarkers and pharmacogenomics – NHC expressed its support for this proposal and indicated that biomarkers should be utilized through an adaptive system, such that new compounds would be targeted to specific populations.

Alliance for Regenerative Medicine

The Alliance for Regenerative Medicine (ARM) indicated its support and suggestions for PDUFA enhancement. ARM indicated that FDA's proposal to advance development of drugs for rare diseases was of high priority. ARM suggested that FDA reviewers undergo review training for rare diseases. FDA noted that a training program for rare diseases is scheduled to start in February 2011.

American Pharmacists Association

The American Pharmacists Association (APhA) discussed its support and recommendations for the following proposals:

1. Reduce multiple review cycles – APhA noted its support for this proposal to extend the review clock in the case of a complex Risk Evaluation and Mitigation Strategy (REMS). APhA also suggested that earlier communication should take place between FDA and Industry during the review process if a REMS is required.
2. Standardize and integrate REMS into the health care system – APhA recommended that this proposal be broadened to include the following considerations:
    - Efforts regarding implementation should account for evolving technology and different practice settings.
    - Input from front-line pharmacists and prescribers should be received early in the REMS development timeline.
    - Outcome metrics should be designed so that enough detail is captured to ensure quality improvement of the program.
    - Any willing provider who meets REMS program requirements should be given the opportunity to participate in the program.
    - Ensure that REMS elements are proven effective in mitigating the defined risks and their implementation is workable for all stakeholders.
    - REMS with elements to assure safe use should be piloted prior to a nation-wide launch.
    - Communication plans to increase awareness about a REMS requirement should be developed.
    - Interventions between health care providers and patients could potentially be utilized as a REMS-required element which would require the design of viable business models and incentives for effective implementation.
3. Pilot Sentinel as a tool for evaluating safety signals – APhA indicated its support for this proposal.
4. Advancing biomarkers and pharmacogenomics – APhA expressed its support for this proposal and suggested that it include requirements for guidance documents and public meetings to increase awareness regarding pharmacogenomics-related labeling and dosing and implementing pharmacogenomics into practice.

<u>Kakkis Foundation</u>

The Kakkis Foundation discussed several suggestions for consideration:

1. Establish a new Office of Drug Evaluation for Genetic and Biochemical Diseases.
2. Create a new standard for the surrogate and biomarker endpoints used for rare disorders.
3. Devise new clinical study design paradigms for rare diseases.